

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009567	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/01/2015
NAME OF PROVIDER OR SUPPLIER GARDENVIEW MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD DANVILLE, IL 61834		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Licensure Post Visit to Survey date 5/15/15	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210a) 300.1210b) 300.1210d)6) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	Continued From page 1 and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the resident's environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act) These requirements are not met as evidenced by:	S9999			

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S9999	Continued From page 2 Based on observation, interview and record review, the facility failed to assess, care plan and supervise so as to prevent a potential fire emergency for one (R1) of one resident reviewed for smoking in the sample of four. Findings include: The electronic Physician Order Sheet (ePOS) dated August 2015 includes the following diagnoses for R1: Chronic Obstructive Pulmonary Disease and Pain/ Related to Psychological Factors. The same ePOS documents an order dated 4/23/15 and 7/20/15 for direct staff to administer two to three liters per minute of oxygen, via nasal cannula. The Minimum Data Set dated 7/23/15 documents that R1 is mildly cognitively impaired. On 8/28/15 at 8:30 am, R1 was exiting from the front door of the facility using a walker. R1 had portable oxygen (supplied via liquid oxygen cannister) attached to R1's walker. The nasal cannula tubing was in place at R1's nares. The setting on the portable oxygen meter read 3 liters (per minute). R1 joined R2, R3 and R4 in the designated smoking area of the facility. R1 exchanged cigarettes with R2 and then pulled a cigarette from a pouch. R1 used a disposable (butane filled) lighter to light the cigarette and began smoking. The flame from the lighter immediately increased three-fold as the cigarette was being lit in close proximity to the running oxygen. R1's oxygen tubing was still connected to the portable oxygen container, along with the nasal cannula tubing still in place at R1's nares, and the lit cigarette was in R1's mouth. At 8:40 am on 8/28/15, E4, Office Assistant and	S9999			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GARDENVIEW MANOR

**14792 CATLIN TILTON ROAD
DANVILLE, IL 61834**

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S9999	<p>Continued From page 3</p> <p>E5, Care Plan Coordinator came out of the facility and disconnected the oxygen from R1's walker and removed R1's tubing. E5 carried the oxygen in the building.</p> <p>On 8/28/15 at 8:45 am, E4 stated "We just caught (R1) outside yesterday smoking with the oxygen on and (R1) refused to give us the oxygen."</p> <p>There was no documentation available for review in R1's Electronic Medical Record of a Smoking Assessment from 4/23/15 on admit, to 8/27/15. A Smoking Assessment was completed on R1 at 8:57 am on 8/28/15. R1's assessment documents R1 as an unsafe smoker.</p> <p>On 8/28/15 at 9:35 am, E6, Social Service stated "I was told to do a smoking assessment on (R1) this morning, so I just completed it." E6 acknowledged there had been no previous smoking assessment done on R1 since R1's admit.</p> <p>On 8/28/15 at 9:40 am, E5, Care Plan Coordinator stated she was made aware of R1 smoking outside with the oxygen running about two weeks ago. E5 stated "I thought it had been resolved." E5 stated that R1's current Care Plan did not document R1's smoking.</p> <p>On 8/28/15 at 9:45 am, E1, Administrator acknowledged that he was aware of a problem with R1 smoking with oxygen on. E1 stated the subject was brought up in a morning meeting about two weeks ago.</p> <p>On 8/28/15 at 10:05 am, E7 and E8, both Registered Nurses stated that R1 has been smoking for about two months. E7 stated "I'm (R1's) Primary Nurse and she has been caught</p>	S9999		

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STATE FORM

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If continuation sheet 4 of 8

Illinois Department of Public Health

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S9999	<p>Continued From page 4</p> <p>several times outside smoking with oxygen on and the nasal cannula in (R1's) nose. I have talked to (R1) and (R1) gets angry. R1 has thrown (R1's) walker at me. I have even spoke to the family about the smoking." E9, Certified Nursing Assistant also confirmed at this time that R1 is non-compliant about smoking with oxygen on and in use. E9 stated "(R1) could be hurt very badly."</p> <p>On 8/28/15 at 10:25 am, E2, Director of Nursing stated she was aware of R1's smoking with the oxygen running in early August 2015. E2 stated "I asked for an assessment from Social Services then. I had even caught (R1) out there and brought (R1) in. There also should have been a Care Plan for this."</p> <p>Nursing Notes dated 8/9/15 documents that R1 was observed outside smoking with R1's oxygen running. R1 was educated about this behavior and became agitated.</p> <p>The facility Policy titled "Smoking Regulations" dated 3/5/08, documents "Any resident smoking in an unsafe manner may be subject to restricted smoking privileges to safeguard him/her self or others. Any such restriction will be developed by the (interdisciplinary team) and documented on the resident's Care Plan."</p> <p>On 8/28/15 at 11:50 am, E1 stated that if a resident is assessed as not safe with smoking material, the privilege can be suspended or they must be supervised.</p> <p>(A)</p> <p>300.1230k)</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>Section 300.1230 Direct Care Staffing</p> <p>k) Effective September 12, 2012, a minimum of 25% of nursing and personal care time shall be provided by licensed nurses, with at least 10% of nursing and personal care time provided by registered nurses. Registered nurses and licensed practical nurses employed by a facility in excess of these requirements may be used to satisfy the remaining 75% of the nursing and personal care time requirements.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on record review and interview the facility failed to meet minimum staffing requirements for personal care for 2 of 14 days reviewed for staffing. This failure has the potential to affect all 130 residents in the facility.</p> <p>Findings include:</p> <p>On 8/25/2015, E1 (Administrator) provided a staffing spreadsheet dated 8/14/2015 through 8/27/2015. The spreadsheet documents that the average daily census for the two-week period was 23.57 skilled care residents and 107.43 intermediate care residents. Calculations document that a total minimum of 268.6 hours of direct care are provided to residents per day.</p> <p>The staffing spreadsheets and working schedules document the following staffing failures:</p> <p>8/15/2015 - 266.06 hours of total direct care staff which is a shortage of 2.54 hours for direct care staff.</p> <p>8/23/2015 - 260.46 hours of total direct care staff which is a shortage of 8.14 hours for direct care</p>	S9999			

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S9999	<p>Continued From page 6</p> <p>staff.</p> <p>E2 (Director of Nursing) confirmed at 2:40 PM on 8/28/2015 that the staffing hours provided were correct as provided on the spreadsheet.</p> <p>On 9/1/2015, E1 (Administrator) acknowledged that the facility was still short staff hours for 8/23/2015.</p> <p>The Midnight Census Report dated 8/28/2015 documents 130 residents in the facility. (AW)</p> <p>300.2010a) 300.2010a)1 300.330 Section 300.2010 Director of Food Services</p> <p>a) A full-time person, qualified by training and experience, shall be responsible for the total food and nutrition services of the facility. This person shall be on duty a minimum of 40 hours each week.</p> <p>1) This person shall be either a dietitian or a dietetic service supervisor.</p> <p>Section 300.330 Definitions-</p> <p>Dietetic Service Supervisor-a person who: is a dietitian; or is a graduate of a dietetic technician or dietetic assistant training program, corresponding or classroom, approved by the American Dietetic Association; or is a graduate, prior to July 1, 1990, of a Department-approved course that provided 90 or more hours of classroom instruction in food service supervision and has had experience as a supervisor in a health care institution which included consultation from a dietitian; or has successfully completed a</p>	S9999			

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S9999	<p>Continued From page 7</p> <p>Dietary Manager ' s Association approved dietary manager ' s course; or is certified as a dietary manager by the Dietary Manager ' s Association; or has training and experience in food service supervision and management in a military service equivalent in content to the programs in the second, third, or fourth paragraph of this definition.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to employ a qualified Dietetic Service Supervisor. This has the potential to impact all 130 residents in the facility.</p> <p>Findings include:</p> <p>On 8/28/2015 at 10:37 AM, E10 (Dietary Manager), stated that E10 was hired on July 23, 2015 and began the enrollment process for a Dietetic Service Supervisor course at the beginning of August, 2015. E10 stated that course materials have not arrived yet to begin the instruction.</p> <p>The undated Dietary Manager Training Enrollment Form documents E10 ' s application for enrollment in a dietetic service supervisor course and also a preceptor agreement with E11 (the facility ' s consulting Registered Dietitian). Attached to the enrollment form is a copy of an unprocessed check made to the University of Florida for the amount of \$712.00 on 8/28/2015. The " For " line section of the check contains E10 ' s name.</p> <p>(AW)</p>	S9999		

Imposed Plan of Correction
NAME OF FACILITY: Gardenview Manor
DATE AND TYPE OF SURVEY: September 15, 2015
Licensure Post visit to Survey date 5/15/2015

300.610a)
300.1210a)
300.1210b)
300.1210d)6)
300.3240a)

Attachment B
Imposed Plan of Correction

Section 300.610 Resident Care Policies

a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.

Section 300.1210 General Requirements for Nursing and Personal Care

a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable.

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:

6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

This will be accomplished by:

- I. Provide education for all departments on facility's policy and procedures for prevention of incidents/accidents, safe smoking and oxygen use
- II. Director of Nursing or Designee will conduct audits of resident assessments, update care plans accordingly and provide staff education .
- III. Director of Nursing will be responsible for achieving and maintain compliance.
- IV. Facility Administrator to provide oversight for continued compliance.

Date of completion: Ten days from receipt of the Imposed Plan of Correction

10/16/2015/JP